Date:	Delivery Date Requested	Ager	ncy's Order #:	
Invoice to:	to:			(check below)
Agency Contact:	Phone #:		Signature of A	Approving Authority:
DOCUMENT NAME:				
SIZE: (dimensions of finished sheet):	COPIES REQUESTED: (max.1500; see note at right)	NO. OF ORIGIN	NALS	No. of copies X No. of original = total impressions. Total no. impressions cannot exceed 100,000.
PAPER - 20# bond, white(w/ or v				, uncoated, white or colors; clea
PAPER - 20# bond, white(w/ or vacetate. Specify paper for both text and DOCUMENTS TO BE INDIVIDUAL Stapled Rubber banded:	v/out 3-hole punch) or colors; 60# ond cover of book, if applicable: DUALLY BOUND AS FOLLOV Slip Sheet separating each:	ffset white or colors; 65# VS, IF APPLICABLE Shrink wrapped:	cover stock	
PAPER - 20# bond, white(w/ or vacetate. Specify paper for both text and DOCUMENTS TO BE INDIVIIONS Rubber banded: Mechanically (GBC)bound: PACKAGING, IF APPLICABLE	v/out 3-hole punch) or colors; 60# ond cover of book, if applicable: DUALLY BOUND AS FOLLOV Slip Sheet separating each: Plastic Coil Bound: Saddle	ffset white or colors; 65# VS, IF APPLICABLE Shrink wrapped:	cover stock (check one	
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PAPER - 20# bond, white(w/ or vacetate. Specify paper for both text and accetate. Stapled Rubber banded: PACKAGING, IF APPLICABLE Single-sheet document to be padded:	v/out 3-hole punch) or colors; 60# ond cover of book, if applicable: DUALLY BOUND AS FOLLOV Slip Sheet separating each: Plastic Coil Bound: Saddle E: sheets/pad (25 to 100) ments/pkg. x; give instructions):	VS, IF APPLICABLE Shrink wrapped: 2-stitched: Therr	cover stock (check one : mal bound:	